

PRIVACY IMPACT ASSESSMENT (PIA)

For the

Fitness Analysis Software Application	
US Army Medical Command - DHP Funded System	

SECTION 1: IS A PIA REQUIRED?

a. Will this Department of Defense (DoD) information system or electronic collection of
information (referred to as an "electronic collection" for the purpose of this form) collect,
maintain, use, and/or disseminate PII about members of the public, Federal personnel,
contractors or foreign nationals employed at U.S. military facilities internationally? Choose
one option from the choices below. (Choose (3) for foreign nationals).

	(1) Yes, from members of the general public.
	(2) Yes, from Federal personnel* and/or Federal contractors.
\boxtimes	(3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.
	(4) No

b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.

c. If "Yes," then a PIA is required. Proceed to Section 2.

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^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

a.	Why	is this PIA being	created or u	pdated	? C	hoose one:	
		New DoD Informa	tion System			New Electron	nic Collection
		Existing DoD Info	rmation Syste	m	\boxtimes	Existing Elec	tronic Collection
		Significantly Mod System	ified DoD Info	rmation			
		s DoD information Network (SIPRNE			l in t	he DITPR or the	e DoD Secret Internet Protocol
		Yes, DITPR	Enter DITPR	System	lden	tification Number	
		Yes, SIPRNET	Enter SIPRN	ET Ident	tificat	ion Number	
	\boxtimes	No					
		this DoD information 53 of Office of Yes					ique Project Identifier (UPI), required Iar A-11?
	If "Y	es," enter UPI					
			consult the Co	mponent	t IT B	udget Point of Cont	eact to obtain the UPI.
		this DoD informa s Notice (SORN)?	_	or elec	etron	nic collection re	quire a Privacy Act System of
	or law	acy Act SORN is requi ful permanent U.S. res ation should be consis	idents that is ret	ation syst <u>rieved</u> by	tem o ⁄ nam	r electronic collection e or other unique ide	n contains information about U.S. citizens entifier. PIA and Privacy Act SORN
	\boxtimes	Yes			No		
	If "Ye	es," enter Privacy /	Act SORN Idei	ntifier		A0040-66b DASG	
		Consult the Comp	onent Privacy C	Office for	addit	Federal Register nu ional information or v.defenselink.mil/pr	
		or					
	Date	of submission for a Consult the C	approval to De	efense facy Office	Priva e for t	cy Office this date.	

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Juireme	Yes Enter OMB Control Number Enter Expiration Date No	
Authorii juireme	Enter Expiration Date	
Authorii juireme	No	
Authorii juireme		
Juireme		
(1)	ty to collect information. A Fed int must authorize the collection	leral law, Executive Order of the President (EO), or DoD n and maintenance of a system of records.
SÓF	If this system has a Privacy Act SC RN should be the same.	ORN, the authorities in this PIA and the existing Privacy Act
		mation system or electronic collection to collect, use, maintain horities are cited, provide all that apply.)
the	(a) Whenever possible, cite the operation of the system and the co	e specific provisions of the statute and/or EO that authorizes llection of PII.
be o a pr	cited. An indirect authority may be	does not exist, determine if an indirect statutory authority can cited if the authority requires the operation or administration of require the collection and maintenance of a system of records
	(c) DoD Components can use sekeeping") as the primary authoritestee within the DoD Component sho	their general statutory grants of authority ("internal ty. The requirement, directive, or instruction implementing the ould be identified.
Sur 117 TRI 107 Mer Mili	oplement IV, Appendix 454, as amen 7, Sections 11131-11152, Reporting of ICARE Program; 10 U.S.C. 1079, Co 79a, CHAMPUS; 10 U.S.C. 1086, Co mbers, and Their Dependents; E.O. 9 tary Treatment Facilities (MTFs); Dol A) Records; DoD 6010.8-R, Civilian H	10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. ded, Persons liable for training and service; 42 U.S.C. Chapter of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and intracts for Medical Care for Spouses and Children; 10 U.S.C. ntracts for Health Benefits for Certain Members, Former 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at D Directive 6040.37, Confidentiality of Medical Quality Assurance lealth and Medical Program of the Uniformed Services ledical Record Administration and Health Care Documentation.

g. S	Summary o	f DoD information system or electronic collection. Answers to these question sistent with security guidelines for release of information to the public.
	(1) Describe the	e the purpose of this DoD information system or electronic collection and briefly types of personal information about individuals collected in the system.
indi	vidual results	ne Fitness Analysis Software Application is to report fitness test results and compare with normative values based on age, sex and gender. Data analysis is used to determine of programs for individuals and populations.
The date	e personal info e, gender, per	ormation collected includes name, personnel cell phone number, home phone number, birth rsonal email address, mailing address, and medical information.
		escribe the privacy risks associated with the PII collected and how these risks are
	addressed t	o safeguard privacy.
1	s include unau owing:	thorized access to PII and unauthorized disclosure of PII. These risks are addressed by the
1) T	he system has	role-based access.
2) A data effe	abase is physic	feguards are in place to minimize the possibility of disclosure. The data is encrypted and the cally housed in an access controlled server room and appropriate application level security is in
With tside ⊠	e your Com	the PII be shared through data exchange, both within your DoD Component a ponent (e.g., other DoD Components, Federal Agencies)? Indicate all that app DoD Component.
	Specify.	The PII will be shared within the Medical Treatment Facility (MTF) using this application.
	Other DoD	Components.
	Specify.	
	Other Fede	ral Agencies.
	Specify.	
	State and L	ocal Agencies.
	Specify.	
\boxtimes	-	(Enter name and describe the language in the contract that safeguards PII.)
	Specify.	The PII may be shared with contractors performing duties within the MTF. There are clauses in their contracts requiring protection of personal information in accordance with the Privacy Act and Health Insurance Portability and Accountability Act (HIPAA).

	Vac			No				
\boxtimes	Yes		Ll	NU				
	(1) If "Yes	" describe meth	hod by v	which indi	viduals can	object to the	collection	of PII.
prin they	nted on the c y are informe	object to the colle lient data questiced that some test arison. Howeve	onnaire. t results i	If participa may not be	ints object to to provided due	the collection to a lack of	of some of information	the PII elementers of
1	(2) If "No,"	state the reaso	on why i	individual	s cannot obje	ect.		
						«v		
) o i	ndividuals	have the oppo	ortunity	to cons	ent to the sp	ecific uses	s of their P	
)o iı	ndividuals	have the oppo	ortunity	to cons	ent to the sp	ecific uses	s of their P	PII?
	ndividuals Yes	have the oppo	_	to cons	ent to the sp	ecific uses	s of their P	PII?
Ø	Yes		□ N	lo				
Ø	Yes (1) If "Yes	" describe the r	□ N	lo by which	individuals c	an give or v	vithhold the	eir consent.
Eac	Yes (1) If "Yes ch individual m is used to	" describe the r presenting for a further clarify pur	method fitness a rose of	by which	individuals o t is informed o well as opport	an give or v	withhold the e for data co ine consent.	eir consent. ollection. A co
Eac forn The	Yes (1) If "Yes ch individual m is used to	" describe the r presenting for a further clarify pur Statement clear	method fitness a rose of	by which	individuals o t is informed o well as opport	an give or v	withhold the e for data co ine consent.	eir consent. ollection. A co
Eac form	Yes (1) If "Yes ch individual m is used to e Privacy Act	" describe the r presenting for a further clarify pur Statement clear	method fitness a rose of	by which	individuals o t is informed o well as opport	an give or v	withhold the e for data co ine consent.	eir consent. ollection. A co
Eac form	Yes (1) If "Yes ch individual m is used to e Privacy Act	" describe the r presenting for a further clarify pur Statement clear	method fitness a rose of	by which	individuals o t is informed o well as opport	an give or v	withhold the e for data co ine consent.	eir consent. ollection. A co
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Eac forn The	Yes (1) If "Yes ch individual m is used to e Privacy Act asent of the p	" describe the r presenting for a further clarify pur Statement clear	method fitness a pose of ly provid	by which assessmen testing as des informa	individuals of t is informed of well as opport ition regarding	an give or voluments of the purpose unity to decl	withhold the e for data co ine consent. ure of PII wit	eir consent. bllection. A control
Eac forn The	Yes (1) If "Yes ch individual m is used to e Privacy Act asent of the p	" describe the r presenting for a further clarify pur Statement clear articipant.	method fitness a pose of ly provid	by which assessmen testing as des informa	individuals of t is informed of well as opport ition regarding	an give or voluments of the purpose unity to decl	withhold the e for data co ine consent. ure of PII wit	eir consent. bllection. A control

<u> </u>	Priva	cy Act Statement	Privacy Advisory
]	Other		None
acl app		an informed consent form for	e Client Data Questionnaire. The participant also sig

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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